Name in Full

Certificate of Death

Wm. H. Angle

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: 8 Day: 29 | Age Y. 42 M. D. | Native of Maryland | Occupation Merchant

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ ~~Divorced~~

Number of children living Six

~~Wife~~ Husband of Miss Eyerly

Father's Name Harrison Angle

Mother's Name 145'd

Cause of Death: Primary R.R. Accident

Immediate " "

~~Unknown~~ Accident, Suicide, Homicide

Reported by Chas. W. Suter, Undertaker

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

105.

S. A. M. Derr

9-26 Hagerstown, Md.

Name in Full John H Baker

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Aug Day 26 Age Y. 79 M. 11 D. 5 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Five

Husband ~~Wife~~ of Celia P McCoy.

Father's Name Frederick Baker Mother's Name Katherine Deaner

Cause of Death: Primary Melena Neonatis with Eclampsia How long sick Ten days

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by A S Mason M.D. 57

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65088

Name in Full — Certificate of Death

Caroline Barnum

Died at — Town: Hagerstown, County: Washington — MARYLAND

Date 1899 — Month: Aug. Day: 17th — Age: Y. 28 M. — D. — Native of: Maryland — Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 0

Husband / Wife of

1199

Father's Name: William Barnum — Mother's Name: Francis Waters

Cause of Death — Primary: death & decomposition of foetus in utero, at term — How long sick: 5 days

Immediate: Septicaemia — ~~Accident, Suicide, Homicide~~

Reported by: A. H. W. Ragan, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Daniel Biser

Certificate of Death

Died at Town: Boonsboro County: Washington. MARYLAND

Date 189 9 Month: Aug Day: 20 | Age Y. 71 M. D. | Native of Fred. Co Md. | Occupation Retired Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 8

Husband ~~Wife~~ of Ruan Stottelmeyer

Father's Name Jacob Biser | Mother's Name Catharine

Cause of Death: Primary Dysentery 8 4 | How long sick 5 2 Days

Immediate | Accident, Suicide, Homicide

Reported by L. L. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65961

Name in Full

Certificate of Death

John Boss

Died at Town Williamsport County Was MARYLAND

Date 189? Month Aug Day 27 Age Y. M. D. 10 yrs Native of Town Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife Son of

Father's Name John Boss Mother's Name Margaret Blake

Cause of Death Primary Consumption How long sick

Immediate " ~~Accident, Suicide, Homicide~~

Reported by John Clemens J F Kreps

Address Town Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Wm Ph Ma

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Fred. W Cleland

Died at Town Boonsboro County Washington MARYLAND

Date 1899 Month Aug Day 26 | Age ~~Y.~~ M. 2 D. 16 | Native of ~~Md~~ | ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name William Cleland

Mother's Name Minnie Martz

Cause of Death: Primary Cholera Infantum — How long sick 1 week

Immediate Asthenia 8 2 — ~~Accident, Suicide, Homicide~~

Reported by Edgar T Smith M.D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Rachel Curtis

Certificate of Death

Died at Town Hancock County Washington MARYLAND

Date 1899 Month Aug Day 2 | Age Y. 57 M. D. | Native of Md. | Occupation Home wife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband / Wife of

Father's Name Unknown

Mother's Name Jane Curtis

Cause of Death: Primary Mit Regurgitation — How long sick 1 mo

Immediate Asthenia — Accident, Suicide, Homicide

Reported by J. Ward MD

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Elsie Irene Dorr

Certificate of Death

Died at — Town: Newvetoe — County: Washington — MARYLAND

Date 189 9 — Month: Aug. — Day: 1 — Age: Y. 3 M. 2 D. — Native of: Md. — Occupation: child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 1520

Father's Name: Chas Dorr — Mother's Name: Eliza Jane Holmes

Cause of Death — Primary: Penetration of cervical vertebra through the mouth by a sharp stick. — How long sick: 3 days

Immediate: Causing inflammation of meninges of spinal cord and brain ending in eclampsia — Accident, ~~Suicide, Homicide~~

Reported by: Levin West

Address: 1 Brunswick — Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Recd Aug 1 0 99
3.30 P.M

Name In Full

Certificate of Death

Paul Donaldson

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month August Day 8 Age Y. — M. 1 D. 26 Native of Hagerstown Occupation Child

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name Emil Donaldson

Mother's Name Mrs Emil Donaldson

Cause of Death Primary 16

Immediate Not known

How long sick few hours

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. M. Watkins

Address Undertaker Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

107

Sr J. E. Pitzrough attended the child 2 weeks before but pronounced it well. Was taken suddenly with convulsions and died no Dr. called.

Name in Full

Certificate of Death

Flossie E. Ford

Died at Town: Maplesville County: Washington MARYLAND

Date 1899 Month: Aug Day: 29 Age Y.: 1 M.: 6 D.: 21 Native of: Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Alvey Ford Mother's Name: Fennie Cross

Cause of Death: Primary: Dysentery 84 How long sick: 2 week

Immediate: Asthenia ~~Accident, Suicide, Homicide~~

Reported by: Edgar T Smith Md.

Address: Boonsboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Mrs Anna Maria Gabriel

Died at Town Mason & Dixon, Pa. County Washington MARYLAND

Date 1899 Month Aug Day 20 | Age Y. 67 M. – D. – | Native of Pa. | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widowed~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Calvin Gabriel

Father's Name David Hicks | Mother's Name —

Cause of Death: Primary Rheumatism (Chronic) How long sick 4 yrs

Immediate 26

Accident, Suicide, Homicide

Reported by D. C. R. Miller M. D.

Address Mason & Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name In Full

Certificate of Death

Dr. L. L. Grossnickle

Died at Town: Wapleville County: Wash. MARYLAND

Date 1899 Month: Aug. Day: 10 | Age Y. 44 M. D. | Native of Wash. Co | Occupation Physician

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: Lawson Grossnickle Mother's Name

Cause of Death — Primary: Mucous Disease 50 — How long sick: Several Years

Immediate: Tetanus.

Accident, Suicide, Homicide

Reported by L. L. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full Daniel Harobecker

Certificate of Death

Died at Town Wilson dist. County Washington MARYLAND

Date 1899 Month 8 Day 9 | Age Y. 81 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death { Primary General debility | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address 8-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Lola Hays

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 8 Day 25 Age Y. 19. M. 5. D. 23 Native of Md Occupation X

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband of~~

Wife

Father's Name Ira W. Hays Mother's Name Flora Householder

Cause of Death Primary Rachitis How long sick Years

Immediate Exhaustion 136 ~~Accident, Suicide, Homicide~~

Reported by J M McBeoll

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Joseph Hoist

Died at Town Mangansville County Washington MARYLAND

Date 1899 Month Aug. Day 3. | Age Y. 14 M. - D. - | Native of Md. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Daniel Hoist

Mother's Name Susan Hoist

Cause of Death: Primary Peritonitis — How long sick 4 days

Immediate

43

~~Accident, Suicide, Homicide~~

Reported by D. C. R. Nicum M. D.

Address Mason & Dixon, Pa.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58608

Name in Full Ann Holbert

Certificate of Death

Died at Town Hancock County Wash MARYLAND

Date 189 9 Month Aug Day 8 Age Y. 77 M. 3 D. Native of Ireland Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife Frank Holbert 57

Father's Name Burns Mother's Name Unknown

Cause of Death Primary Indigestion & Heart disease How long sick 3 yrs

Immediate Asthenia ~~Accident, Suicide, Homicide~~

Reported by J. A. West M.D.

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Horatio Rush Hopewell — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 Month 9 Day 8 30 | Age Y. 12 M. 6 D. | Native of Md | Occupation X

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | Widow / Widower | Divorced / Number of children living

Husband of / Wife

Father's Name

Mother's Name Rebecca Hopewell

Cause of Death — Primary: Typhoid Fever — How long sick: 6 weeks

Immediate: Exhaustion

Reported by J M C Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

John Albert Keefer

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Aug Day 17 | Age Y. 37, M. 2, D. 20 | Native of Carlisle Pa | Occupation Merchant

Male yes White yes Married yes Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Alice G. Keefer

~~Wife~~

Father's Name Daniel Keefer

Mother's Name —

Cause of Death

Primary 142 ✓

Immediate — suicide Pistol Ball in brain

How long sick

A~~ccident~~, Suicide, ~~Homicide~~

Reported by ~~C. E. K[illegible]~~ E. A. Nash am

Address ~~Chambersburg Pa~~ Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Martin Luther Kline

Certificate of Death

Died at Town Leitersburg County Washington MARYLAND

Date 1899 Month Aug Day 27 | Age Y. 7 M. 12 D. | Native of Md. | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Wm. L. Kline

Mother's Name Eliza Kline

Cause of Death: Primary Cholera Infantum — How long sick 10 days

Immediate S. Jesus 82 — Accident, Suicide, Homicide

Reported by Dr. J. H. Wishard

Address Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Manzella Knodle

Certificate of Death

Died at Town Boonsboro County Washington MARYLAND

Date 1899 Month Aug. Day 5 | Age Y. 64 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband / Wife of Josiah Knodle

Father's Name Geo. Welty

Mother's Name Amanda Welty

Cause of Death: Primary Cancer of Liver 25 b

Immediate

How long sick 6 Mos -

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. S. S. Davis

Address Boonsboro Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah A. Krepps

Died at Clearspring (Town) Washington (County) MARYLAND

Date 189 5 | Month: Aug. | Day: 6 | Age: Y. 90 M. 1 D. 27 | Native of: Clearspring | Occupation: Housewife

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living: Five

~~Husband~~ / Wife of Jacob Krepps

Father's Name: _____ Mother's Name: _____

Cause of Death: Primary: Old Age. 141 — How long sick: 6 months.

Immediate: Exhaustion — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. F. Perry M. D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full Naomi Irene Littlelow

Certificate of Death

Died at Town Smoketown County Wash. MARYLAND

Date 1899 Month Aug Day 24 | Age Y. M. 2 D. 18 | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children~~ living

Husband of Wife

Father's Name Geo Littlelow Mother's Name — Norris

Cause of Death { Primary Entero = Colitis. How long sick 2 weeks

Immediate 82 Accident, Suicide, Homicide

Reported by S. S. Davis M. D

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Merle Longnecker

Died at Town: Mt Carmel County: Washington MARYLAND

Date 1899 Month: Aug Day: 28th Age Y. M. D.: — — 30 Native of: Md Occupation: ——

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Harvey Longnecker Mother's Name: Sallie E. Jones Kins

Cause of Death: Primary / Immediate: Cyanosis - 137

How long sick

~~Accident, Suicide, Homicide~~

Reported by W. B. Wheeler Ed Son M. D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full | Certificate of Death

Mrs Cornelia McLaughlin

Died at Near Town Mason & Dixon, Pa. County Washington MARYLAND

Date 1899 Month Aug Day 18 | Age Y. 71 M. — D. — | Native of Pa | Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 3

~~Husband~~ Wife of Perry McLaughlin

Father's Name — Mother's Name —

Cause of Death: Primary 77 How long sick 0

Immediate Pulmonary Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by D. C. R. Miller M.D.

Address Mason & Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full

Mary E. Marker

Certificate of Death

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: 8 — Day: 29 — Age: Y. 70 M. D. — Native of: Maryland — Occupation: Housewife

~~Male~~ / Female — White — ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~

Number of children living: One

~~Husband~~ / Wife of Samuel Marker

~~Father's Name~~ — ~~Mother's Name~~

5-7

Cause of Death — Primary: Heart Disease — Immediate: Heart Failure

~~How long sick~~

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E. W. Schindel, M. D.

Address, Hagerstown, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full: Mary Ann Meredith

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: 8 Day: 17 Age Y. M. D.: 86.4.25 Native of: Md Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Simon Meredith

Father's Name: Philip Shriver Mother's Name: Barbara

Cause of Death: Primary: Entero Colitis 83 How long sick: 3 days

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by: J. M. P. Scott

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Helen Miller

Died ~~near~~ Town Sandy Hook County Washington Co. MARYLAND

Date 1899 Month 8 Day 1 | Age Y. 16 M. — D. — | Native of Md. | Occupation Homework.

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband Wife of —

Father's Name John H. Miller

Mother's Name Don't know

Cause of Death: Primary Dysentery — How long sick 10 days

Immediate Heart Failure

~~Accident, Suicide,~~ Homicide

84

Reported by W. H. Kable, M.D.

Address Harpers Ferry W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Alice Moats

Died at Town: Hagerstown, County: Washington, MARYLAND

Date 189 9 Month 8 Day 10 | Age Y. 6 M. 1 D. | Native of Maryland | Occupation

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | ~~Number of children living~~

~~Husband~~ Wife of

Father's Name: Daniel L. Moats

Mother's Name: Elizabeth Moats

Cause of Death: Primary: Cholera Infantum — How long sick: 3 days

Immediate: Cholera Infantum — ~~Accident, Suicide, Homicide~~

Reported by: O. H. W. Edgar

Address: Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Clara E. Nierman

Certificate of Death

Died at: Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Aug Day: 2 Age: Y. 25 M. D. Native of: City Occupation: Spinster

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of~~ children living

Husband / Wife of

Father's Name: Augustus Nierman Mother's Name: Philomena Nierman.

Cause of Death: Primary: Acute Brights Disease How long sick

Immediate: Anaemia 96 Accident, Suicide, Homicide

Reported by: G. E. Murray M.D.

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full: Mary C Nurse

Certificate of Death: Nurse

Died at ~~the~~ Town: Keep Pryst County: Washington MARYLAND

Date 1899 Month: Aug Day: 31 | Age Y. M. D.: 2 | Native of: Md | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name: John H Nurse

Mother's Name: Lottie L. Norris

Cause of Death: Primary: Cholera Infantum — How long sick: near 2 weeks

Immediate: Spinal Men 82 — Accident, Suicide, Homicide

Reported by: [illegible]

Address: Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr Shafer of
Harpers Ferry
W Va

Informant
John H Nuise

Name in Full Rinehart

Certificate of Death

Died — Town near Cavetown County Washington MARYLAND

Date 1899 Month Aug Day 20 Age Y. M. D. 9 Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Scott M Rinehart Mother's Name Margaret Simmons

Cause of Death Primary 49 How long sick 3 days

Immediate Spasms ~~Accident, Suicide, Homicide~~

Reported by Dr S. W. Winston,

Address Chewsville Wash co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full John Schueler

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 8 Day 24 Age Y. 65. M. D. 9 Native of Germany Occupation Butcher

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5 8

Husband ~~Wife~~ of Elizabeth Dorsbarger

Father's Name Jacob Schueler Mother's Name Mary Gaydell

Cause of Death Primary Organic Heart Disease How long sick 2 months

Immediate Heart Failure 57 ~~Accident, Suicide, Homicide~~

Reported by J M P Scott

Address Hagerstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Name in Full

Certificate of Death

Malinda Shoemaker

Died at Town Gittlestown County Washington MARYLAND

Date 189 Month Aug Day 18 Age Y. 71 M. 4 D. 22 Native of Md. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Joshua Shoemaker

Father's Name John Weddle Mother's Name —— Crone

Cause of Death Primary dysentery 84 How long sick 18 days

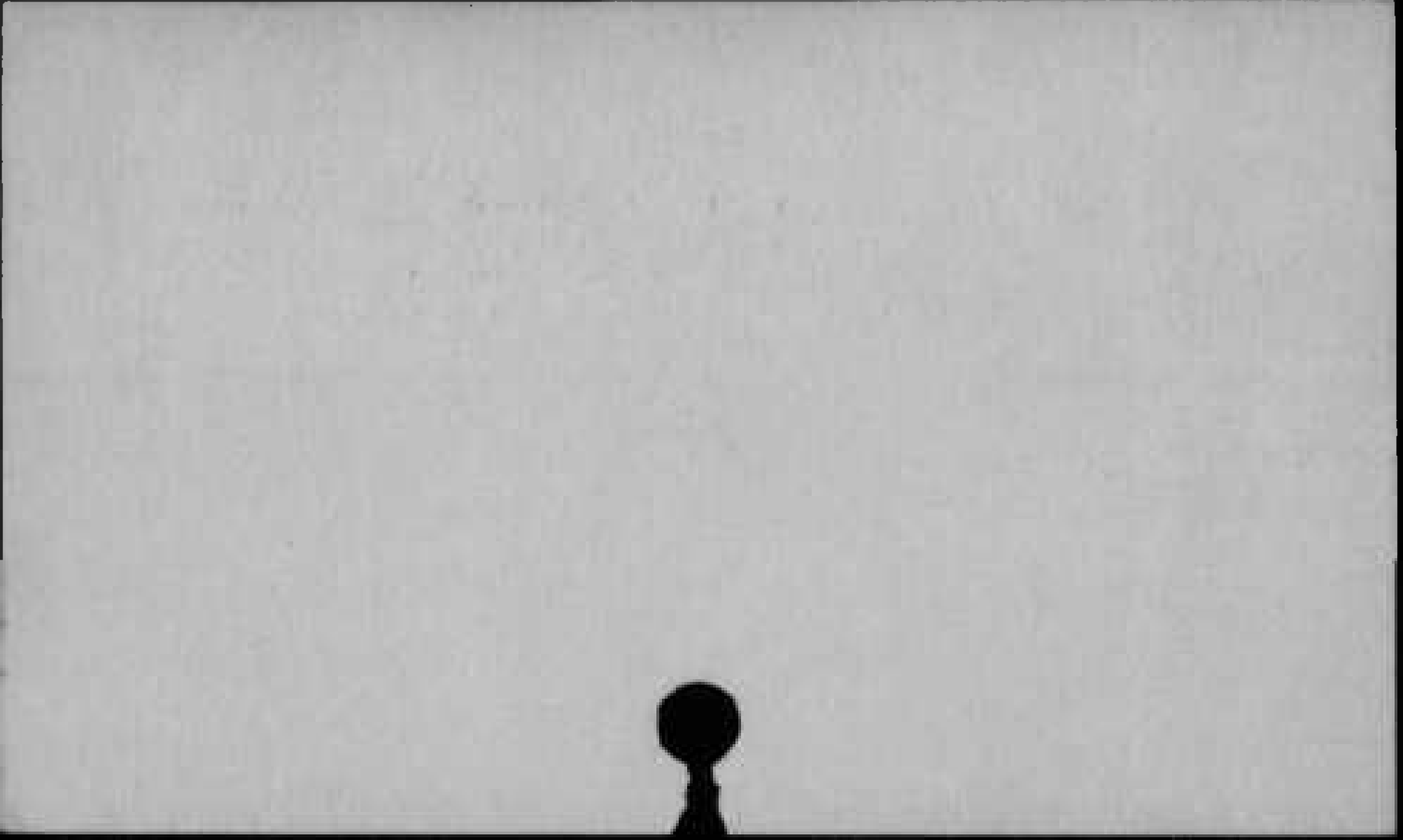
Immediate General debility ~~Accident, Suicide, Homicide~~

Reported by Dr E. T. Smith

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name in Full Daniel Wolf

Certificate of Death

Died at Town Fairplay County Washington MARYLAND

Date 1899 Month Aug Day 16 Age Y. 74 M. 5 D. Native of Washington Co Occupation Preacher

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow X Widower ~~Divorced~~

Number of children living 9

Husband ~~Wife~~ of Anne Maria Rowland 45

Father's Name David Wolf

Mother's Name Susan Middlekauff

Cause of Death: Primary Dementia Paralytica How long sick 2 years.

Immediate exhaustion

Accident, Suicide, Homicide

Reported by U. M. Reichard M. D.

Address Fairplay. Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908